

MDR Tracking Number: M4-03-5528-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-17-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes J3490, E1399 and 99213.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-25-02 7-23-02	J3490	\$32.00	\$23.53	M	DOP	Rule 133.307(g)(3)(D) Section 413.011(d)	Requestor did not support position that amount billed was fair and reasonable, additional reimbursement is not recommended.
8-12-02	E1399	\$103.00	\$85.00				
8-28-02	99213	\$73.00	\$48.00	F	\$48.00	CPT Code MAR	MAR reimbursement paid, no additional reimbursement is recommended.

III. DECISION

IV.

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for CPT codes (J3490 and E1399).

The above Findings and Decision are hereby issued this 30th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division